Corlanor®: twice-daily dosing with meals[1]

RECOMMENDED STARTING DOSE

5 mg 2x/day OR **2.5 mg** 2x/day

For patients in whom bradycardia could lead to hemodynamic compromise or with a history of conduction defects.

MAXIMUM DOSE

7.5 mg 2x/day

- In adult patients unable to swallow tablets, Corlanor® oral solution can be used. Find information about the 5 mg/5 mL oral solution at www.corlanorhcp.com/dosing

AFTER 2 WEEKS, CHECK RESTING HEART RATE

> 60 bpm	Increase dose by 2.5 mg 2x/day up to a max of 7.5 mg 2x/day
TARGET RANGE **50-60 bpm**	Maintain dose
< 50 bpm OR SYMPTOMS OF BRADYCARDIA	Decrease dose by 2.5 mg 2x/day | **Discontinue therapy if current dose is 2.5 mg 2x/day**

- No dosage adjustment is required for patients with moderate to severe renal impairment (CrCl 15 to 60 mL/min)
- Corlanor® shows no clinically significant blood pressure lowering

BPM = beats per minute.

Indication

Corlanor® (ivabradine) is indicated to reduce the risk of hospitalization for worsening heart failure in adult patients with stable, symptomatic chronic heart failure with left ventricular ejection fraction ≤ 35%, who are in sinus rhythm with resting heart rate ≥ 70 beats per minute and either are on maximally tolerated doses of beta-blockers or have a contraindication to beta-blocker use.

Important Safety Information

- **Contraindications:** Corlanor® is contraindicated in patients with acute decompensated heart failure, clinically significant hypotension, sick sinus syndrome, sinoatrial block, 3rd degree atrioventricular block (unless a functioning demand pacemaker is present), clinically significant bradycardia, severe hepatic impairment, pacemaker dependence (heart rate maintained exclusively by the pacemaker), and concomitant use of strong cytochrome P450 3A4 (CYP3A4) inhibitors.

Please see full Important Safety Information on reverse side.

Corlanor® (ivabradine) 5 mg 7.5 mg tablets

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- **Fetal Toxicity:** Corlanor® may cause fetal toxicity when administered to a pregnant woman based on embryo-fetal toxicity and cardiac teratogenic effects observed in animal studies. Advise females of reproductive potential to use effective contraception when taking Corlanor®.

- **Atrial Fibrillation:** Corlanor® increases the risk of atrial fibrillation. The rate of atrial fibrillation in patients treated with Corlanor® compared to placebo was 5% vs. 3.9% per patient-year, respectively. Regularly monitor cardiac rhythm. Discontinue Corlanor® if atrial fibrillation develops.

- **Bradycardia and Conduction Disturbances:** Bradycardia, sinus arrest and heart block have occurred with Corlanor®. The rate of bradycardia in patients treated with Corlanor® compared to placebo was 6% (2.7% symptomatic; 3.4% asymptomatic) vs. 1.3% per patient-year, respectively. Risk factors for bradycardia include sinus node dysfunction, conduction defects, ventricular dyssynchrony, and use of other negative chronotropes. Bradycardia may increase the risk of QT prolongation which may lead to severe ventricular arrhythmias, including torsades de pointes, especially in patients with risk factors such as use of QTc prolonging drugs.

  Concurrent use of verapamil or diltiazem also increases Corlanor® exposure, contributes to heart rate lowering, and should be avoided. Avoid use of Corlanor® in patients with 2nd degree atrioventricular block unless a functioning demand pacemaker is present.

- **Adverse Reactions:** The most common adverse drug reactions reported at least 1% more frequently with Corlanor® than placebo and that occurred in more than 1% of patients treated with Corlanor® were bradycardia (10% vs. 2.2%), hypertension or increased blood pressure (8.9% vs. 7.8%), atrial fibrillation (8.3% vs. 6.6%), and luminous phenomena (phosphenes) or visual brightness (2.8% vs. 0.5%).

  In postmarketing experience, torsades de pointes has been observed.

Please click here for Prescribing Information and Medication Guide.

Reference: 1. Corlanor® (ivabradine) Prescribing Information, Amgen.

AMGEN®
Cardiovascular

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